



Statement by His Excellency Archbishop Silvano Tomasi, Permanent Observer of the Holy See to the United Nations and Other International Organizations in Geneva at the 21st Session of the Human Rights Council - Item 8:
"Vienna Declaration and Programme of Action"
Geneva, 24 September 2012

Madam President,

The 1993 Vienna Declaration and Programme of Action reminded States that "particular priority should be placed on reducing infant and maternal mortality rates."¹ The Delegation of the Holy See notes some signs of hope in reports by the World Health Organization that deaths due to maternal conditions² have decreased significantly between 1990 and 2010³. However, the situation cited in the current report by the High Commissioner for Human Rights⁴, namely, that 287,000 women died due to maternal conditions and between 10 and 15 million mothers suffered debilitating conditions during 2010, is truly tragic.

We wish to point out further concerns arising from the above-cited Report and influencing the Resolution of the Human Rights Council presently introduced on this issue during this 21st Session. First of all, the Report uses ambiguous terms and dubious arguments in maintaining that "maternal mortality and morbidity is a product of discrimination against women, and denial of their human rights, including sexual and reproductive health rights"⁵. According to the World Health Organization, the following are included as major causes of maternal mortality and morbidity: severe bleeding (mostly bleeding after childbirth), infections (usually after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia)⁶. By ignoring these important health conditions, the Report gives a biased view of causality in this health emergency for mothers and children. Additional evidence-based determinants of

¹Vienna Declaration and Programme of Action, 25th June 1993, article 47.

²Deaths due to maternal conditions = deaths of women during pregnancy, childbirth, or in the 42 days after delivery. A maternal death is defined as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes." (Source: *Trends in maternal mortality 1990-2008: estimates developed by WHO, UNICEF, UNFPA and the World Bank*. Geneva, WHO 2010.)

³World Health Organization, et al., *Trends in Maternal Mortality: 1990 to 2010* (Geneva: World Health Organization, 2012).

⁴ *Technical Guidance on the Application of a Human Rights Based Approach to Implementation of Policies and Programmes to Reduce Maternal Morbidity and Mortality: Report of the Office of the United Nations High Commissioner for Human Rights A/HRC/21/22*.

⁵ *Op. cit.*, para. 14, under general principles section)

⁶ <http://www.who.int/mediacentre/factsheets/fs348/en/index.html>

maternal morbidity and mortality have been identified as weaknesses in health infrastructure, including absence of a skilled birth attendant during the birth process, unsanitary medical environment, lack or insufficiency of emergency medical and surgical facilities and supplies, including antibiotics and surgical gloves. Consequently, a lot of maternal deaths are preventable with basic health care, adequate nutrition and competent obstetric care throughout pregnancy, delivery and postpartum.

With regard to ensuring “universal access ... in the national plan – as essential for improving maternal health”, the Report points to “management of unintended pregnancies, including access to safe abortion services, wherever legal ...” as a major component in assuring maternal health and includes abortifacients, such as misoprostol and mifepristone, as essential medicines to be included in the facilitation of universal access. Thus the Report seems to give abortion, the main aim of which is to terminate the life of a child, precedence over such urgent interventions aimed at saving the lives of both mothers and children as “appropriate antenatal care; detection of domestic violence; management of pre-labour rupture of membranes and pre-term labour; induction of labour for prolonged pregnancy; prevention and management of post-partum hemorrhage; caesarean sections; and appropriate post-partum care.”

My Delegation wishes to register additional serious concerns with regard to the recommendations in the High Commissioner’s Report that promote access to so-called “emergency contraceptives” and to so-called “safe abortion care”. Re-affirming that human life begins at the moment of conception and that life must be defended and protected, the Holy See can never condone abortion or policies that favour abortion.⁷

Moreover, the Holy See “does not consider abortion or abortion services to be a dimension of reproductive health or reproductive health services ... [nor does it] endorse any form of legislation which gives legal recognition to abortion,”⁸ which is the very antithesis of human rights.

With regard to the frequent references in the Report to the expression “sexual and reproductive health and rights”, the Holy See points out that such a totally unbalanced attention to sexual and reproductive health fails to address the complex and underlying causes responsible for maternal mortality and morbidity⁹ in an integrated and complete manner and in a way that respects the full dignity of all members of the family.

⁷cf., Statement of the Holy See at the Concluding Session of the 21st Special Session of the General Assembly for the Overall Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development New York, 2 July 1999.

⁸cf., Reservations and Statement of Interpretation by the Holy See Delegation during concluding session of the Fourth World Conference on Women, Beijing, 15 September 1995, <http://www.its.caltech.edu/~nmcenter/women-cp/beijing3.html>

⁹cf., Final Statement of the Holy See Delegation to the 4th World Conference on Women, Beijing, 15 September 1995, as recorded in Report of the 4th World Conference on Women, Beijing, 1995 www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf

In similar regard, my Delegation wishes to express concern about the claim advanced in this Report that “if abortion laws are overly restrictive, responses by providers, police and other actors can discourage care-seeking behaviour,” thus implying that the lack of so-called “legal” abortion is a cause of maternal mortality. This statement is unfounded and lacked citation of any evidence to demonstrate its validity. In fact, in a 2010 Report by the World Health Organization, contrary evidence can be found, namely that, during 2008, three countries that permitted “legal” abortion, i.e., Guyana, Ethiopia, and Nepal, had significantly higher numbers of maternal deaths per 100,000 births, than three countries, from their respective regions, that did not allow abortion, i.e., Chile, Mauritius, and Sri Lanka.¹⁰

A final concern from my Delegation relates to the recommendation in the Report that national plans “should address improved access for adolescents to comprehensive sexuality education, sexual and reproductive health information and care, including family planning.” This recommendation fails to recognize the role of parents. The Universal Declaration of Human Rights recognizes that “Parents have a prior right to choose the kind of education that shall be given to their children” (Article 26.3). Thus my Delegation maintains that “parents must be always free to transmit to their children responsibly and without constraints, their heritage of faith, values, and culture”¹¹, as well as the need for all rights to be accompanied by concomitant responsibilities. Moreover, the Holy See wishes to point out the role of parents in educating their children in authentic human love as self-giving in communion and friendship with God and others through the exercise of authentic freedom and respect for one’s own body and those of others. Lastly, it is essential the involvement of parents in witnessing and teaching to their children that the self-giving in married love of a man and a woman expresses itself through the body, the complementarity and totality of self-giving, and that such sexual giving belongs to this married love, and to this love alone any national plan or recommendation advanced by the High Commissioner or by this Human Rights Council cannot and should not ignore or bypass parents’ rights.

Thank you, Madam President.

¹⁰World Health Organization, et al., *Trends in Maternal Mortality, 1990 to 2008* (Geneva, World Health Organization, 2010), p. 33.

¹¹Message of Pope Benedict XVI on the World Day of Peace, 1 January 2011.